PART B - FEE(S) TRANSMITTAL

APR 11 2006	his form, together		or <u>I</u>	Commissioner fo P.O. Box 1450 Alexandria, Virg Eax (571) 273-2885	ginia 22313-1450		
INSTRUCTIONS: This to appropriate. All further con indicate rapless corrected	rm should be used for tran rrespondence including the l below or directed otherwise	smitting the ISSU Patent, advance or in Block 1, by (a	E FEE and lers and noti) specifying a	PUBLICATION FEE (if required fication of maintenance fees was new correspondence address)	ired). Blocks I through 5 s vill be mailed to the current and/or (b) indicating a sep	should be completed where t correspondence address as arate "FEE ADDRESS" for	
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ALIX YALE & I 750 MAIN STREE SUITE 1400 HARTFORD, CT 04/12/2006 NNGUYEN2 0	ET 06103			I hereby certify that the States Postal Service addressed to the Mai	rtificate of Mailing or Tran nis Fee(s) Transmittal is bein with sufficient postage for fill I Stop ISSUE FEE address TO (571) 273-2885, on the Guy D. Yalle	ng deposited with the United rst class mail in an envelope s above, or being facsimile	
1 FC:2501 700.00 OP 2 FC:1504 300.00 OP				4	April 6, 2006	(Signature) (Date)	
APPLICATION NO.	FILING DATE		FIRST NAME	O INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
TITLE OF INVENTION: C	ABLE ASSEMBLY FOR E	LECTROSURGIC		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700		\$300	\$1000	04/12/2006	
					31000 _.	0-7/12/2000	
EXAMINER NGUYEN, CHAU N		ART UNIT 2831		CLASS-SUBCLASS 174-07400R	J		
CFR 1.363). Change of correspond Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless	tion (or "Fee Address" Indicator more recent) attached. Us D RESIDENCE DATA TO Est an assignee is identified bin 37 CFR 3.11. Completion	Correspondence ation form e of a Customer E PRINTED ON Telow, no assignee of this form is NO	(1) the nation agents (2) the nation registered 2 registered listed, no in the PATENT data will apper a substitute	ear on the patent. If an assign	a member a 2 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yale & Ristas, LLI	
Please check the appropriate assignee category or categories (will not be pr 4a. The following fee(s) are enclosed: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies 5. Change In Entity Status (from status indicated above)				b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 16-2563 (enclose an extra copy of this form).			
a. Applicant claims S	MALL ENTITY status. See	37 CFR 1.27.		cant is no longer claiming SMA ny) or to re-apply any previous e other than the applicant; a reg			
Authorized Signature	I	P	}	Date	April 6, 200		
Typed or printed name _	Guy DV Yal	-		Registration			
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